

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

## PLAINTIFF

Nathaniel Gold

## COURT CASE NUMBER

5:11-cv-00476-HMH-JRM

## DEFENDANT

Lt. Andrew Hayes

## TYPE OF PROCESS

CN

## SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Andrew Hayes, St-Matthew Police Dept.

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

1813 Bride st St Matthews SC 29135

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Nathaniel Gold  
 Orangeburg-Calhoun Reg. Dent Center  
 P.O. Box 9000  
 Orangeburg, SC, 29116

Number of process to be served with this Form - 285
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Number of parties to be served in this case
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Check for service on U.S.A.
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Nathaniel Gold

 PLAINTIFF  
 DEFENDANT
 

TELEPHONE NUMBER

DATE

4-28-11

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

1

No. 71

No. 71

5/7/11

I hereby certify and return that I  have personally served  have legal evidence of service.  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (if not shown above)

 A person of suitable age and discretion then residing in the defendant's usual place of abode.
 

Address (complete only if different than shown above)

 Date of Service  AM  PM  
 6/7/11 STATE  REC'D
 

Signature of U.S. Marshal or Deputy

PH

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or Clerk	Amount of Refund
		800	800		800	31

REMARKS: 6/3/11 1st end Cert mail &amp; 11.33 postage - jgm

I Declare Under Penalty Of Perjury  
That The Foregoing Is True And Correct*J. M. Hayes*

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- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lt Andrew Hayes  
St Matthews Police Dept  
1813 Bridge Street  
St Matthews, SC 29135

2. Article Number

(Transfer from service label)

7010 2780 0003 1177 7539

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Lt. Andrew Hayes

Agent

Addressee

C. Date of Delivery

6-7-11

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

**RESTRICTED  
DELIVERY**

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes